

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED			AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	DID	DEP	DID	DEP	DID	DEP	DID	DEP	DID
1	1						51		
2							52		
3							53		
4							54		
5	1						55		
6							56		
7							57		
8							58		
9							59		
10			X				60		
11							61		
12							62		
13							63		
14							64		
15							65		
16		2					66		
17		2					67		
18		2					68		
19		2					69		
20		2					70		
21		2					71		
22		2					72		
23		2					73		
24		2					74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	18	←	→	→	←		TOTAL DEP.	←	→
TOTAL CLAIMS	20	██████████	██████████	██████████	██████████		TOTAL CLAIMS	██████████	██████████